

12/22/98

| Class | Subclass |
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## ISSUE CLASSIFICATION

DATE OF BIRTH: \_\_\_\_\_

PATENT NUMBER

**U.S. UTILITY PATENT APPLICATION**

**O.I.P.E.**

**PATENT DATE**

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SCANNED 2011 O.A. KB

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| SECTOR | CLASS | SUBCLASS | ART UNIT        | EXAMINER          |
|        | 435   | 3201     | <del>1686</del> | P. J. 1088. Scott |

FILED WITH: ☐ DISK (CRF) ☐ FICHE  
(Attached in pocket on right inside flap)

**PREPARED AND APPROVED FOR ISSUE**

**ISSUING CLASSIFICATION**

| ORIGINAL                            |  |  |          |  |   | CROSS REFERENCE(S) |  |                                   |  |  |  |  |  |  |  |
|-------------------------------------|--|--|----------|--|---|--------------------|--|-----------------------------------|--|--|--|--|--|--|--|
| CLASS                               |  |  | SUBCLASS |  |   | CLASS              |  | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
| <b>INTERNATIONAL CLASSIFICATION</b> |  |  |          |  |   |                    |  |                                   |  |  |  |  |  |  |  |
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|  |   |             |                                   |              |
|--|---|-------------|-----------------------------------|--------------|
| <input checked="" type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>   |             | <b>CLAIMS ALLOWED</b>             |              |
|  | Sheets Drwg.  | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> a) The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.  | _____ (Assistant Examiner) _____ (Date)   |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
|  | <input checked="" type="checkbox"/> b) The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. <u>6,049,174</u> |             | <b>ISSUE FEE</b>                  |              |
|  |   |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> c) The terminal _____ months of<br>this patent have been disclaimed.  | _____ (Primary Examiner) _____ (Date)   |             | <b>ISSUE BATCH NUMBER</b>         |              |
| <input type="checkbox"/> _____ (Legal Instruments Examiner) _____ (Date)   |   |             |                                   |              |
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